FORM D

united states 144392, securities and exchange commission

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB NUMBER: Expires: Estimated average hours per response	

	SEC US	E ONLY	
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1	Date Re	ceived	
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Name of Offering (check if this	s is an amendment an	d name has chan	ged, and indicate	change.)
Limited Partner Interests in Montagu	Newhall Global Parti	iers IV (Olishore), 1.10.		£ 20
Filing Under (Check box(es) that app Type of Filing: New Filing	ly): ☐ Rule 504 ☑ Amendment	□ Rule 505	⊠ Rule 506	□ S	ection 4(6) CEDIULOESSING Section
	A. BA	SIC IDENTIFI	CATION DATA		
1. Enter the information requested at	out the issuer				AUG 2/2008
Name of Issuer (Check if this is	an amendment and n	ame has changed	, and indicate cha	nge.)	
Montagu Newhall Global Partners IV	(Offshore), Ltd.				Washington, DC
Address of Executive Offices			City, State, Zip C	ode)	Telephone Number (Including Area Code)
c/o Montagu Newhall GP IV, LLC, 1	00 Painters Mill Roa	d, Owings Mills,	MD 21117		(410) 363-2725
Address of Principal Business Operat		mber and Street,	City, State, Zip C	ode)	Telephone Number (Including Area Code)
(if different from Executive Offices)					
			CESSEE)	
Brief Description of Business		-			A KTARINI BERKAN KANIN ARANTA ARIDIN KANIN ARIYIZ ARITIN BERKA 1991
Investment fund		AU	G 282008		
		THOM	G 2 8 2008 SON REUTI	RS	08058564
Type of Business Organization	= limited no	tnership, already			other (please specify):
☐ corporation☐ business trust		rtnership, to be for			(promis specially)
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Orga	ation or Organization	ı: letter U.S. Postal	Month 1 1	Yea 0 7 ion for ion)	☐ Estimated
GENERAL INSTRUCTIONS					
Federal:					
et seq. or 15 U.S.C. 77d(6).					ulation D or Section 4(6), 17 CFR 230.501
When to File: A notice must be filed Securities and Exchange Commission address after the date on which it is of	n (SEC) on the earlie	r of the date it is:	received by the St	C at th	ering. A notice is deemed filed with the U.S. are address given below or, if received at that tified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless

Persons who respond to the collection of information contained in this form

SEC 1972 (6-02) 1 of 8

SUCTO EXEMPTION: SUPERIOR AND THE SUCTION AND THE PROPRIES.

		A. BASIC IDENTIFICA	TION DATA		
Enter the information requested Each promoter of the issue Each beneficial owner has securities of the issuer; Each executive officer and Each general and managing.	er, if the issuer ha ving the power to ad director of corpo	vote or dispose, or direct to orate issuers and of corpor	the vote or disposition of,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Montagu Newhall General Partner					
Full Name (Last name first, if indi-	vidual)				
c/o Montagu Newhall GP IV, LLC,	, 100 Painters Mill	Road, Owings Mills, MI	21117		
Business or Residence Address	(Numbe	r and Street, City, State, Z	(ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Montagu Newhall GP IV, LLC					
Full Name (Last name first, if indi-	vidual)				
100 Painters Mill Road, Owings M	fills, MD 21117				
Business or Residence Address					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Lim, James					
Full Name (Last name first, if indi	vidual)				
c/o Montagu Newhall GP IV, LLC	, 100 Painters Mil	I Road, Owings Mills, MI	21117		
Business or Residence Address	(Numbe	r and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Montagu, Rupert A. S.					
Full Name (Last name first, if indi	vidual)				
c/o Montagu Newhall GP IV, LLC	, 100 Painters Mil	l Road, Owings Mills, MI	O 21117		
Business or Residence Address		er and Street, City, State, 2			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Newhall, C. Ashton			<u> </u>		Withing ing 1 mail.
Full Name (Last name first, if indi	ividual)				
c/o Montagu Newhall GP IV, LLC		I Road Owings Mills Mi	D 21117		
Business or Residence Address	(Numb	er and Street, City, State,	Zip Code)		_
	,	••			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Numb	er and Street, City, State,	Zip Code)		
	Use blank sheet, o	r copy and use additional	copies of this sheet, as no	ecessary.)	

			 _	B. INFO	RMATIO	NABOUT	OFFERIN	G		_			
											es N	_	
1. Has the issu	er sold, or	does the iss	suer intend	to sell, to n	on accredite	d investors	in this off	ering?		••••••			
			Ansv	er also in A	Appendix, C	olumn 2, i	filing und	er ULOE.					
2. What is the	minimum	investment	that will be	accepted f	rom any inc	lividual?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$ <u>1,000,000*</u>		
*Minimum inv										Y	es N	0	
3. Does the of	fering pern	nit joint ow	nership of a	single uni	t?							ļ	
4. Enter the in remuneration f agent of a brok persons to be lifted Name (Lagrange 1)	for solicitat ter or deale isted are as	ion of purc! r registered sociated pe	hasers in co with the S rsons of su	nnection w EC and/or v	ith sales of with a state	securities i or states, li	n the offeri	ng, it a per of the brok	son to be its	r. If more	than five (herzon or	
Champlain Ad Business or Re	visors, LLO	ddrace (Nur	nher and St	reet City	State Zin C	ode)							
Business of Re	Sidelice A	naiess (ivai	liner and or	icei, eity,	State, zip e	o u 0,							
Name of Asso													
Name of Assoc	ciated Broi	cer or Deale	ः										
States in Whic	h Person L	isted Has S	olicited or	Intends to S	Solicit Purch	nasers							
(Check "A	All States"	or check inc	dividual Sta	tes)					rei 1			All States [ID]	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[3 G]	[DC]	[FL]	[GA]	[HI]	[MO]	
(₩)	[14]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [OR]	[PA]	
[MT]	[NE]	[NV]	[H	[[[MM]	[NY]	[NC]	[ND]	(OH)	[OK]		[PR]	
[RI] Full Name (La	[SC]	[SD]	[TN]	[TX]	[UT]	[\VT]	[VA]	[WA]_	[WV]	_ [₩] _	[WY]	[FK]	
Business or Re				treet, City,	State, Zip C	Code)							
Name of Asso	ciated Bro	ker or Deal	er										
States in Which	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers	-		<u> </u>			All States	
•					[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	(ID)	
[AL]	[AK]	[AZ]	[AR]	[CA]		(ME)	[DD]	[MA]	[MI]	[MN]	[MS]	[MO]	
(IL)	[IN]	[IA]	[KS]	[NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[MT]	[NE]	[NV] [SD]	[NH] [TN]	[TX]			[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
[RI]						1011							
Eull Massa (L	[SC]		_ <u></u> -	[174]	[UT]	[VT]	[174]	[[[]	<u>[7</u>	[[[]		[1.14]	
Full Name (La			_ <u></u> -	[IN]	<u>[UI]</u>	[VI]	1,171	[[[,n]]		[**1]		[1.1.]	
	ast name fi	rst, if indiv	idual)										
Full Name (La	ast name fi	rst, if indiv	idual)					[111]					
Business or R	ast name fi	rst, if indiv	idual) mber and S					(WA)		. [WI]			
	ast name fi	rst, if indiv	idual) mber and S					(wa)	(11.7				
Business or R Name of Asso	esidence A	rst, if indiv ddress (Nu ker or Deal	mber and S	treet, City,	State, Zip C	Code)		(wa)		[W]		All States	
Business or R Name of Asso States in Whi (Check "	esidence A ociated Bro ch Person All States"	rst, if indiv ddress (Nu ker or Deal Listed Has or check in	mber and S er Solicited or	Intends to ates)	State, Zip C	Code)	[DE]	[DC]	[FL]	[GA]			
Business or R Name of Asso States in Whi (Check "A	esidence A ociated Bro ch Person All States" [AK]	rst, if indiv ddress (Nu ker or Deal Listed Has or check in [AZ]	mber and S er Solicited or idividual St [AR]	Intends to ates)	State, Zip C	Code)						All States	
Business or R Name of Asso States in Whi (Check "	esidence A ociated Bro ch Person All States"	rst, if indiv ddress (Nu ker or Deal Listed Has or check in	mber and S er Solicited or	Intends to ates)	State, Zip C	Code) chasers [CT]	[DE]	[DC]	[FL]	[GA]	(HI)	All States	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange		
and already exchanged.	Aggregate	Amount Already Sold
Type of Security	Offering Price	
Debt		
Equity	\$ <u>0</u>	\$0
□ Common □ Preferred		
Convertible Securities (including warrants)	\$ 0	<u> </u>
Partnership Interests		\$ <u>96,600,000</u>
Other (Specify)	\$ <u>0</u>	_ s <u>_ o</u>
Total	\$96,600,000	\$ 96,600,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	10	\$ <u>96,600,000</u>
Non-accredited Investors		\$ <u> </u>
Total (for filings under Rule 504 only)	N/A	\$_N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	
Regulation A	N/A	\$ <u>N/A</u>
Rule 504	N/A	\$_N/A
Total	N/A	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		o \$
Printing and Engraving Costs		□ \$
Legal Fees		S \$ <u>80,000</u>
Accounting Fees		S
Engineering Fees		□ \$
Sales Commissions (specify finders' fees separately)		 \$
Other Expenses (identify) <u>blue sky, miscellaneous</u>		⊠ \$ <u>20,000</u>
Total		S 100,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF P	ROCEEDS		
 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 		96,500,000		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, & Affiliates	1	Payments To Others
Salaries and fees	🛮	\$ <u>0</u>		\$_0
Purchase of real estate		\$ <u>0</u>		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment		\$ <u>0</u>		\$_0
Construction or leasing of plant buildings and facilities		\$ <u>0</u>		\$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗖	\$_0		\$_0
Repayment of indebtedness		\$_0		\$ <u>0</u>
Working Capital		\$_0		\$_0
Other (specify):	🛭	\$ <u>96,500,000</u>		\$ 0
Column Totals	🗅	\$_0		\$ <u>0</u>

Total Payments Listed (Column totals added)

№ \$<u>96,500,000</u>

following signature constitutes an under	signed by the undersigned duly authorized person. If this notice taking by the issuer to furnish to the U.S. Securities and Excharathe issuer to any non-accredited investor pursuant to paragraph	(b)(2) of Rule 502.
Issuer (Print or Type) Montagu Newhall Global Partners IV (Offshore), Ltd.	Signature Callette Mental	Date 8/18/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
	Director of the Issuer	

D. FEDERAL SIGNATURE

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

